

*Dr
Braden
W. Jones, Jr.*

**INVESTIGATION OF THE ASSASSINATION
OF MARTIN LUTHER KING, JR.**

HEARINGS
BEFORE THE
SELECT COMMITTEE ON ASSASSINATIONS
OF THE
U.S. HOUSE OF REPRESENTATIVES
NINETY-FIFTH CONGRESS
SECOND SESSION

AUGUST 14, 15, AND 16, 1978

VOLUME I



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Beverly B. Byron, M.C.

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Dr. BADEN. The purpose of the visit to Memphis, Tenn., was to view the scene of the homicide, interview various medical personnel who saw Dr. King after death and who participated in the autopsy and to correlate the findings that we had been able to make from the autopsy report, the medical reports that we had previously reviewed with the personnel present in Memphis who had treated Dr. King and to correlate the physical evidence with the crime scene.

Mr. WEBB. Dr. Baden, will you describe for the committee what occurred in Memphis?

Dr. BADEN. Present in Memphis with the three members of the medical panel were members of the committee staff and two engineers, Mr. Koogle and Mr. Stewart, who evaluated the distance from the Lorraine Motel to various sites at 418 Main Street area.

Mr. WEBB. In addition, did Mr. Koogle and Mr. Stewart conduct further tests to determine the angle of trajectory and also the distance to the bushy area in the rear of 418 to 424 South Main Street?

Dr. BADEN. Yes, sir, in the course of our visit to Memphis, we did examine the buildings at 418 Main Street, the backyard area at 418, 424 Main Street, and together with the engineers observed and assisted in the development of trajectory patterns to the outside of room 306 at the Lorraine Motel.

Mr. WEBB. Did you have an opportunity to inspect and examine the area on the second floor balcony immediately outside of room 306 at the Lorraine Motel?

Dr. BADEN. Yes; we did.

Mr. WEBB. Dr. Baden, are you familiar with the results obtained by the engineering consultants?

Dr. BADEN. Yes.

Mr. WEBB. And would you briefly state for the committee what they were able to determine with respect to trajectory?

Dr. BADEN. At the time we were in Memphis together, the two engineers advised us after taking their measurements that trajectory patterns from the second floor bathroom window, which was one possible shooting site, and from a bushy area in the backyard, was perhaps 2" to 5" in difference in a trajectory path to the second floor of the balcony. We, the medical panel, discussed this matter and discussed this with the engineers and advised them and advised the staff that the autopsy procedure itself is not sufficiently accurate to distinguish that small a difference in degree deviation.

Mr. WEBB. So if I understand you, Dr. Baden, based on the input of the engineers and finally your analysis of the autopsy material, a pathologist would be unable to determine a difference of 2½" to 5" in a wound trajectory?

Dr. BADEN. That is correct, Mr. Webb. An autopsy can reveal many scientific materials but it is also limited and there are things that an autopsy cannot discover and an autopsy cannot distinguish between a trajectory flight of 2" to 5" in this situation.

Mr. WEBB. Mr. Chairman, in order to facilitate Dr. Baden's discussion of Dr. King's injuries, the committee has employed the services of Ms. Ida Dox, a medical illustrator, to prepare a number of drawings which will be used as exhibits. Dr. Baden, will you describe Mr. Dox's training and the manner in which she worked with the panel?

Dr. BADEN. Ms. Ida Dox, University School of Medicine, strong training and background and worked very close panel in drawing the medical knowledge and from photographs that had been

Mr. WEBB. So it is fair to photographs represent an injuries?

Dr. BADEN. Yes, the photos of the injuries seen of Dr. King in 1968.

Mr. WEBB. And have you photographs with the var at St. Joseph's Hospital autopsy pathologist?

Dr. BADEN. Yes, sir, we fully that the drawings suffered by Dr. King.

Mr. WEBB. Dr. Baden, drawings to illustrate you scribe Dr. King's injuries

Mr. Chairman, at this entered into the record as Chairman STOKES. Wi record at this point.

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Dr. BADEN. Ms. Ida Dox is a medical illustrator from Georgetown University School of Medicine and Dentistry who has had a very strong training and background in anatomy, including cadaver dissection and worked very closely with the three members of the medical panel in drawing the medical findings, autopsy findings, from our medical knowledge and from the various black and white and color photographs that had been taken of Dr. King prior to autopsy.

Mr. WEIN. So it is fair to say, that from a medical standpoint, these photographs represent an accurate representation of Dr. King's injuries?

Dr. BADEN. Yes, the photographs are true and accurate representations of the injuries seen at the time of examinations by physicians of Dr. King in 1968.

Mr. WEIN. And have you had a chance to discuss the drawings and photographs with the various personnel who treated Dr. King both at St. Joseph's Hospital in Memphis and with Dr. Francisco, the autopsy pathologist?

Dr. BADEN. Yes, sir, we have. And the medical panel is satisfied fully that the drawings are accurate representations of the injuries suffered by Dr. King.

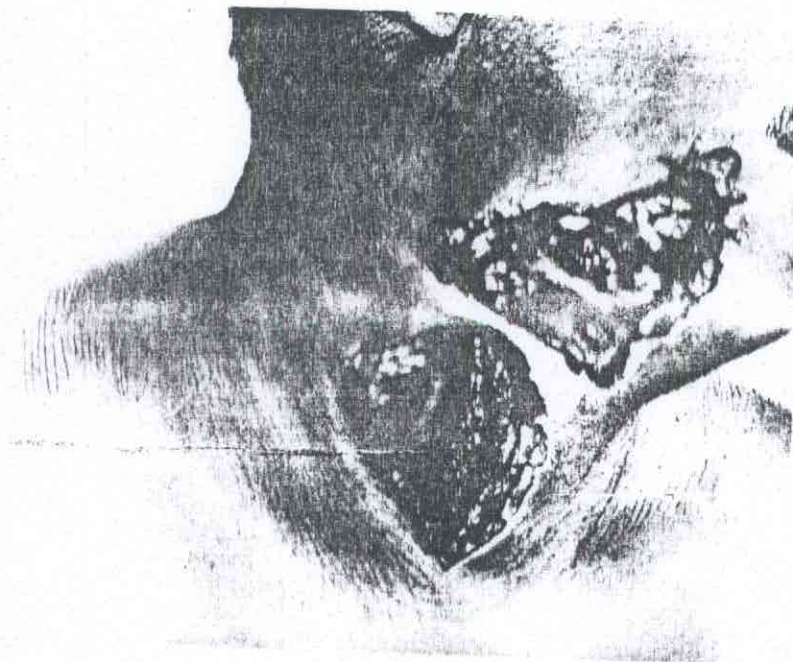
Mr. WEIN. Dr. Baden, will you step to the easel. Using the various drawings to illustrate your testimony I would like to proceed to describe Dr. King's injuries.

Mr. Chairman, at this time I would like to have the first drawing entered into the record as Martin Luther King exhibit No. F-1.

Chairman STOKES. Without objection, it will be entered for the record at this point.

[Whereupon, Martin Luther King exhibit No. F-1 was marked for identification and entered into the record; and follows:]

MLK EXHIBIT F-1



Dr. BADEN. The first exhibit is a drawing from various photographs taken of the wound and injury pattern of Dr. King just prior to autopsy but after medical attention had been given to Dr. King in the emergency room at St. Joseph's Hospital and illustrates the initial gunshot wound of entrance, which is up near 2 o'clock from your prospective, approximately 1 inch to the right of the angle of the mouth and 1/2-inch below the angle of the mouth where the bullet, a high-velocity rifle bullet, struck the cheek causing an entrance perforation, with the superior part still intact, a typical entrance abrasion collar and causing bursting lacerations of the inferior aspect of the cheek and chin, in part caused by the high velocity of the missile and in part caused by the fracture effects when the bullet struck the jawbone or mandible in this area.

The injury caused by the missile, the rifle bullet, has been distorted somewhat by the resuscitation attempts performed at the hospital emergency room. Specifically, there has been a ligation made of the lower border of the rectifascia wound in an attempt of surgical intervention to stop the bleeding that was present.

Mr. WENN, Mr. Chairman, at this time I would like the next drawing entered into the record as Martin Luther King exhibit No. R-2.

[Whereupon, a drawing marked Martin Luther King exhibit No. F-2 for identification was entered into the record, and follows:]

The top portion is the explosive-like injury caused by the bullet wound reapproximated. The 6 o'clock is the reconstruction in the emergency room to the appearance which was seen of the lower border of the diagram is a tracheotomy, basis to assist Dr. King in room.

If you will note, there which represents the inn completely through when and assisted Dr. Francisc who did the autopsy, in a head had to be downward impact so that the trajectory inner crease in the neck wh

Mr. WEBB. Dr. Baden, I
a blackened debris present
an unidentifiable form. Did
Dr. Francisco referred to?

Dr. BADEN. Yes, sir, I think this shows the tear of the fabric more clearly than the previous one, but the prior exhibit showed the shirt as it would have been worn.

Mr. WEBB. Mr. Chairman, at this time I would like to have entered into the record the final photograph exhibit of clothing as Martin Luther King exhibit No. F-7.

Chairman STOKES. Without objection, it will be entered into the record at this point.

[Whereupon, a photograph marked Martin Luther King exhibit No. F-7, for identification, was entered into the record, and follows:]

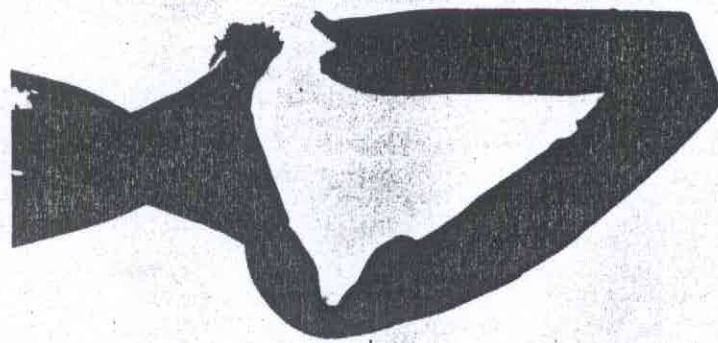


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MLK EXHIBIT F-7

Mr. WEBB. Thank you. Dr. Baden, will you describe what is depicted in this photograph, please?

Dr. BADEN. Yes, Mr. Webb. This photograph shows the tie worn by Dr. King and the tearing on the right lower border where the missile went through the clothing of Dr. King and does indicate approximately where the reentrance perforation was on the body of Dr. King having gone through the area of the shirt and tie and jacket.

Mr. WEBB. Dr. Baden, can you state whether or not the severed area of the tie was subjected to the sodium rhodizionate testing?

Dr. BADEN. I believe that the tie was also so tested and also had some lead particulate matter.

Mr. WEBB. Dr. Baden, was the panel able to reconstruct the wound track through the body?

Dr. BADEN. Yes; the panel was, did do such a reconstruction.

Mr. WEBB. And can you tell us what was the primary basis or the primary material you used to accomplish that?

nothing on direction, character of "tear", cause

Dr. BADEN. In addition to the autopsy report, the medical reports, the clothing, the photographs, of great value to the medical panel, in reconstructing the track in the body were X-rays taken after death and prior to autopsy at St. Joseph Hospital and made available to the committee.

Mr. WEBB. Mr. Chairman, at this time I would like to have two X-rays of Dr. King entered into the record as Martin Luther King's exhibits F-8 and F-9.

Chairman STOKES. Without objection, they will be entered into the record at this point.

[Whereupon, the several X-rays of Dr. King, marked respectively MLK exhibit Nos. F-8 and F-9 for identification were entered into the record, and follow:]



MLK EXHIBIT F-8

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Dr. BADEN. Yes, sir.

Mr. DEVINE. Did the three of you visit the bathroom and the roominghouse that was adjacent to the Lorraine Motel?

Dr. BADEN. Yes, sir.

Mr. DEVINE. You viewed from that window the balcony upon which Dr. King was standing?

Dr. BADEN. Yes, sir, we stood in the bathroom at the main street, South Main Street 418 and viewed the balcony and then went to the balcony and viewed the bathroom and the yard area, visited the yard area.

Mr. DEVINE. And was your conclusion, as a forensic pathologist, that the bullet that entered Dr. King may have been fired from that area or that vicinity?

Dr. BADEN. Our conclusions were that it was entirely consistent with the bullet having been fired from the bathroom area, yes.

Mr. DEVINE, Doctor, as a former prosecuting attorney and having examined a number of pathologists, as well as witnessing a number of autopsies, I want to thank you for your objectivity, your professional approach, and lack of equivocation. Your testimony is quite helpful to the panel.

Dr. BADEN. Thank you, sir.

Chairman STOKES. The House is in session and the second bells have rung, the committee will take a 10-minute recess at this time.

[A brief recess was taken.]

(Chairman STOKES. The committee will come back to order.)

The Chair recognizes the gentleman from Connecticut, Mr. Dodd.

The Court recognizes the great value of Mr. Domb. Thank you, Mr. Chairman. I would like to thank the witness for his testimony. I just have one or two questions. I think it is one. I would like to summarize if I could with you, Doctor, your testimony. Is it your conclusion or conclusions of the panel that in fact, that both wounds, the jaw wound and the neck wound were caused by the same projectile?

Dr. BADEN. Yes, sir, without question, that is the conclusion of the panel.

Mr. Dobb. And is there any doubt in your own mind that the projectile recovered from Dr. King's body was in fact the cause of his death?

Dr. BADEN. No doubt at all, Mr. Dodd.

Dr. Dobb. And it is furthermore your testimony that the position of the projectile and the best evidence you have on the position of Dr. King at the time of impact would lead you to believe that a shot fired from either that wooded area or in that vertical line somewhere was consistent with the wounds that were caused by that projectile?

Dr. BADEN. Yes, sir, that there is no question in that area is consistent from whence the shot came.

Mr. DODD. Thank you, I have no further questions.

Chairman STOKES. The Chair recognizes the gentleman from the District of Columbia, Mr. FAUNTROY.

Mr. FAUNTROY. Thank you, Mr. Chairman. And I apologize to the committee for having had to be in attendance at a District Committee meeting dealing with the commuter tax, and I want to thank the panel, Dr. Baden, for their testimony here today.

My son has had an opportunity to bring me up to date on your presentations to the committee, and I just want to be sure of a couple of

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from above?

Dr. BADEN. Yes, sir.

Mr. FAUNTROY. Is it safe
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Dr. BADEN. On the basis as to which direction the if we incorporate other position that we feel is and not lying down, for concluded utilizing other the missile would have c

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Dr. BADEN. Not from

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Dr. BADEN. It is clear that we have struck Dr. King. We cannot miss that missed, but one and only Dr. King.

Mr. FAUNTROY. Now consistent with what

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Dr. BADEN. Our basis specifically, includes the

were approximately so that these X-rays together with the amount of bullet deriving from the covered. The remainder bullet.

Mr. FAUNTROY. Tha

Chairman STOKES. (

Mr. SAWYER. Thank
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Dr. BADEN. Yes, sir part to the injuries to the spine, the spinebo impacted by the bullet through the spinal canal, it would have from the impact would even touching it; an struction of the tissue to the lines of force t

Mr. SAWYER. Than

Chairman STOKES.

Mrs. BURKE. Than questions. You indicate the projectile could be

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things. The first, Dr. Baden, is that it is clear that the bullet which struck Dr. King came from the right. Is it safe to say that it came from above?

Dr. BADEN. Yes, sir.

Mr. FAUNTROY. Is it safe to say that it could not have come, say, from the ground?

Dr. BADEN. On the basis of the autopsy alone, we cannot be certain as to which direction the bullet came from except up or down, except if we incorporate other information as to Dr. King's approximate position that we feel is reliable, that he was standing on the balcony and not lying down, for example, at the time of firing. The committee concluded utilizing other nonautopsy material and information that the missile would have come from slightly above or perhaps horizontal.

Mr. FAUNTROY. But certainly not from below.

Dr. BADEN. Not from below the balcony.

Mr. FAUNTROY. Is it clear also that only one shot was fired?

Dr. BADEN. It is clear from the autopsy that one and only one shot struck Dr. King. We could not, for example, relate to misses, a shot that missed, but one and only one shot high-velocity rifle bullet struck Dr. King.

Mr. FAUNTROY. Now, was the amount of lead present in the body consistent with what would have remained from a 150-grain bullet after the 64-grain fragment had been removed?

Dr. BADEN. Our basis for reaching a judgment to that question, sir, specifically, includes the X-rays available to the panel, of which there were approximately seven, some original and some not original, and that these X-rays together with the autopsy findings clearly indicate that the amount of bullet fragments in the body are entirely consistent with deriving from the single bullet of which 64 to 65 grains were recovered. The remainder is consistent with what is missing from the bullet.

Mr. FAUNTROY. Thank you, Dr. Baden. Thank you, Mr. Chairman. Chairman STOKES. Gentleman from Michigan, Mr. Sawyer.

Mr. SAWYER. Thank you, Mr. Chairman. Just one question, Doctor. It is true, is it not, when a high-velocity missile or bullet strikes a body that it causes extensive damage and severe damage to tissue out beyond its track because of the lines of force it creates within the body, isn't that true?

Dr. BADEN. Yes, sir, that is very much true, and that is pertinent in part to the injuries to Dr. King because we do know, for example, that the spine, the spinebones, lower neck, and upper chest spinebones were impacted by the bullet. If the bullet continued through the spinal canal, it would have severed the spinal cord. If it didn't continue through the spinal canal and severed the spinal cord, the lines of force from the impact would have severely damaged the spinal cord without even touching it; and much of the extensive hemorrhaging and destruction of the tissues in the face and neck area of Dr. King were due to the lines of force that you allude to, sir.

Mr. SAWYER. Thank you. That is all I have.

Chairman STOKES. The gentlewoman from California, Mrs. Burke.

Mrs. BURKE. Thank you very much, Dr. Baden. I have a couple of questions. You indicate that based upon the lack of powder burns that the projectile could not have been fired from less than 2 feet. Is there

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Mr. FITHIAN. And it could not have been fired from say the firehouse across the street, and far to the left, is that your testimony?

Dr. BADEN. It could not have been fired from that area if we assume as we have some evidence for, that Dr. King was standing upright facing the courtyard and slightly turned to the right—the head slightly turned to the right.

Mr. FITHIAN. So assuming Dr. King was not facing into the motel room, and was facing out and speaking down to someone in the courtyard, from that position then you narrow the scope of the degrees from which the bullet had to come?

Dr. BADEN. That is right.

Mr. FITHIAN. But the engineering combined with your pathology cannot determine or distinguish the azimuth as to whether it came from the second story window or from the ground in the yard below the window, is that correct?

Dr. BADEN. That is correct, sir.

Mr. FITHIAN. Would you now and this is my final question, Mr. Chairman, would you now using a chair there as the railing, assume for me as nearly as you can, what you think Dr. King's position would have had to have been in order for the bullet to have made the bullet track it did, assuming that it came from either the second story window or from the bushy area.

Dr. BADEN. Attempting to respond to that question, sir, if I assumed that the railing is this chair, and I am looking straight out into the courtyard area below, the relative position of the body to the missile would have had to have been head downward from the nature of the entrance wound, exit, and reentrance into the body; head downward, slightly to the right, and the missile coming in somewhat in this direction [indicating]. I wouldn't want to be specific without measuring out all the parameters, but, in this direction.

Now, relative to your question, if I am standing, Dr. King is standing facing the railing, it would have been entirely consistent with this kind of track front the right front. Now, if the firehouse is to my left, for example, it is possible to station Dr. King in a position to receive this same kind of trajectory if he were somewhat like that [indicating by making left turn].

That is all I can measure in the body; what happened once the missile hits the mandible and below, but it does fix certain parameters that have to be adhered to for such a track to come in, there are many ways it could come but there are many others it couldn't have come.

Mr. FITHIAN. Thank you, thank you, Mr. Chairman.

Chairman STOKES. The time of the gentleman has expired, the gentleman from Pennsylvania, Mr. Edgar.

Mr. EDGAR. Thank you, Mr. Chairman.

I have listened very carefully to your testimony and I wonder if we could back up just a moment and look at the two exhibits which deal with the bullet fragments, the one that is right below and the additional one here.

Dr. BADEN. Yes, sir.

Mr. EDGAR. Doctor, could you describe what that bullet would look like in its pristine form and shape, and indicate what would be the makeup of the bullet, both soft and hard?

Dr. BADEN. I can give a rough answer to reasonable scientific certainty but the firearms panel which has done extensive evaluations can give and will give to you, I am sure, a much more detailed answer. Suffice it, with that caveat, this is the base of the bullet and this, again, was a photograph taken by Dr. Francisco and identified to us when we showed it to him, as the bullet that he removed from beneath the skin; this is the base and this is essentially copper jacketing.

This photograph is from below, a picture from the back side with the copper flared out. The inside of this bullet, the core of the bullet, which has become dislodged—this is the core, the back of the core and is essentially lead, 99 percent or more lead. The bullet would have had a much longer and thinner profile and structure in the unfired state.

Now, this type of elongated, long bullet which would measure 0.30 inch in diameter at the base, would have had a copper jacketing most of the way along the side and base. The front portion of it was unclad, there was no copper around it, and had exposed lead, which is one way in which rifle bullets are made, for various purposes.

What we have here is less than half of the bullet, a little less than half of the bullet but it was the largest intact fragment and only fragment that would have been of value for ballistic tests which were subsequently done and which will be reported to you at a later time.

Mr. EDGAR. You had testified earlier that given the X-rays and the other evidence that you have of the fragments of lead throughout the body that this bullet is consistent with and pieces that we have are consistent with a one bullet, whole bullet concept.

Dr. BADEN. Yes, sir.

Mr. EDGAR. In your experience at looking at bodies that have been struck by bullets of this nature, is it normal for the bullet to be deformed and mutilated in this fashion?

Dr. BADEN. That is entirely dependent on what is struck by the bullet. If this bullet had not struck the mandible, the jawbone which even from Biblical times was known to be very firm and hard, certainly this much deformity would not have occurred. The ribs that were struck are thinner bones and cause less damage to the missile. The spine is very hard and also causes extensive damage. So that this type of deformity for a bullet going through the spine bones and the jawbone is entirely consistent with that kind of impact given the fact that this is a soft-nosed bullet. It is not copper-jacketed in front, and the impacting surface is soft lead as opposed to a copper jacket which is much harder.

If this bullet had struck soft tissue, had gone through the lungs, for example, without striking the mandible or the spine it might have deformed very little.

Mr. EDGAR. Thank you, I have one final question, and I am going to need the three exhibits of the jacket, the shirt and the tie.

Doctor, as you see the extensive damage to the tie and the shirt, and from the angle that it has been described it entered the cheek and then entered the lower part of the body, can you indicate how the jacket would have been in such a position to be struck?

Dr. BADEN. Yes; in appreciating the injuries to the clothing, one has to remember how we wear jackets. The jacket lapel margin is really largely below the collarbone and we can feel on ourselves the collarbone. The entrance in the skin is above the collarbone and would

be approximately where I am reasonable wearing of—the usual

This was further evidence to tear, as to the direction that the face and jaw, exited and reentered approximately. Now this reentry which had been flattened some fragments coming through, at the shirt, the severing of the the lapel of the jacket which is lapel extends to the side and as I said is intact and was not fractured.

Mr. EDGAR. Thank you, I have Chairman STOKES. The time

The gentleman from Connecticut

Mr. DODD. Doctor, I wonder had an opportunity to speak with that Dr. King was pronounced

Dr. BADEN. Yes, sir, we did; who was the attending physician in the room when Dr. King was brought in at the time was chief surgeon who were present and participated in the emergency procedures done to Dr. King, in

Mr. DODD. I realize this is a I would like to ask you anyway who were present and participated in the emergency procedures at all during that period?

Dr. BADEN. Yes, sir, we participated in all the medical procedures he came in and they both assessed his pulse, and they could get heart beating, that he was too weak to be paralyzed—that he certainly from 6:15 on, but that he was irretrievably injured and his heart was still beating and we performed the appropriate resuscitation.

Mr. DODD. At the time he arrived

Dr. BADEN. He did not talk; heartbeat which prompted them

Mr. DODD. He was dead at the time he arrived in the emergency room

Dr. BADEN. Yes, sir, that is what we told them, and also written in the report, Mr. Dodd, specifically

Mr. DODD. Thank you, Mr. Dodd

Chairman STOKES. Dr. Baden pronounced?

Dr. BADEN. Death was pronounced on the hospital records but that is not the death. In this country, death